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ICANotes Behavioral Health EHR

Continue	Photo	Chart Details	**Howser, Dorothea**	10000107
			Patient's Name 43 Yrs	Patient's ID

Go to E-Prescribe   DOB 2/27/1980

Demographics

Anaphylactic Reaction Reported ☐   Patient Reviewed Demographics

Patient Information	Insurance Information	Other Contacts

*Name (F,M,L,Suffix)   **Dorothea**   **Howser**

☒ Homeless   Address
☐ Bad Address
☐ Sample   Addr 2 / Appt #   County   🔍
   Chart   City, State, Zip

Best Phone   Home Phone   Country   **US**
○ Home
○ Work   Cell Phone
○ Cell   Work Phone   ext

Patient Status   Email
● Active
○ Inactive   Email 2
○ Pending
                Portal ☐
API ☐

Appt Reminders via: ☐ Email   ☐ Text Message   ☐ Phone Message
Employment Status ▼
School or Employer
Grade ▼
Marital Status ▼   Birth Order
Sexual Orientation   Multiple Birth ☐
*Ethnicity   **Not Hispanic or Latino**
Ethnicity 2   more
Religion ▼
Annual Household Income ▼
Family Size
Veteran ○ Y ○ N
*Race   **White** ▼
Race 2 ▼
*Preferred Language ▼
Disability ▼
Native American ○ Y ○ N   Tribal Affiliation

*Date of Birth   **2/27/1980**   Age: **43**   *Date of Entry **1/26/2022**
Unique Patient ID   **1000010730077**
*Gender   **woman**   ▼   more   *Sex: **F**   *Red fields are*
Refer to patient as   **Dolly**
SSN #   **111-11-1111**   Extra Privacy
                                                     MAR ☐   API /

Other Names   Alt. Patient ID   Room:
Previous Address

Patient's Condition

Date Of Current Illness Onset [📅]   Date Of Similar Illness [📅]

Date of Current Admission: From [   ]   To [   ]
                                          Admitting DX

Dates Unable To Work: From [   ] 📅   To [   ] 📅

Condition Related To Employment?   ○ Yes ● No
Condition Related To Auto Accident? ○ Yes ● No   State Of Accident
Condition Related To Other Accident? ○ Yes ● No

In treatment Previously? ○ Y ○ N   If yes, where?
Date Of Death [   ] 📅   Preliminary Cause

Release of Info ☐   Adv. Dir. ☐
Patient Calendar Note   Miscellaneous Notes

Custom Fields